| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF MARYLAND | <u>.</u> | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Robert | Melissa |
| | your government-issued picture identification (for | First name | First name |
| | example, your driver's license or passport). | Oran | Leigh |
| | , | Middle name | h le name |
| | Bring your picture identification to your | Rice, Jr. | Rice |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7103 | xxx-xx-1516 |
| | | | |

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Debtor 1 Robert Oran Rice, Jr. Debtor 2 Melissa Leigh Rice Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 16440 Triple Crown Ct. Hughesville, MD 20637 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Charles** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, I have lived in this district longer than in any have lived in this district longer than in any other other district. district.

> ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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| Debtor 1 Robert Oran Rice, Debtor 2 Melissa Leigh Ric | | | | | | Case number (if known) | | |
|---|---------------|---|-------------|--------------|----------------------|---|---|-----------------|
| | | | | | | | | |
| Par | t 2: | Tell the Court About Y | our Bar | kruptcy Ca | ase | | | |
| | | ruptcy Code you are | | | | each, see <i>Notice Required by</i> ge 1 and check the appropria | v 11 U.S.C. § 342(b) for Individuals Filing for Bankrup ate box. | tcy |
| | cnoc | sing to file under | ■ Cha | pter 7 | | | | |
| | | | ☐ Cha | pter 11 | | | | |
| | | | ☐ Cha | pter 12 | | | | |
| | | | ☐ Cha | pter 13 | | | | |
| | | | | | | | | |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in about how you may pay. Typically, if you are paying the fee yourself, you may pay with order. If your attorney is submitting your payment on your behalf, your attorney may pay a pre-printed address. | | | | | | ourself, you may pay with cash, cashier's check, or n | noney | |
| | | | | | | | ion, sign and attach the Application for Individuals to | Pay |
| | | | | request tha | at my fee be waive | Official Form 103A). In the discrimination of the discrimination | on only if you are filing for Chapter 7. By law, a judge our income is less than 150% of the official poverty li | may, ne that |
| | | | а | pplies to yo | ur family size and y | ou are unable to pay the fee | in installments). If you choose this option, you must fi icial Form 103B) and file it with your petition. | |
| | | | | | | | | |
| 9. | Have bank | you filed for ruptcy within the | ■ No. | | | | | |
| | | B years? | ☐ Yes. | | | | | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| 10 | ۸ros | iny bankruptcy | | | | | | |
| 10. | case filed | s pending or being by a spouse who is ling this case with | ■ No □ Yes. | | | | | |
| | you, | or by a business er, or by an | | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | ou rent your | ■ No. | Go to | ine 12. | | | |
| | resid | ence? | ☐ Yes. | Has vo | our landlord obtaine | ed an eviction judgment again | st vou? | |
| | | | 163. | | No. Go to line 12. | , <u></u> | • | |
| | | | | | | | Judgment Against You (Form 101A) and file it as pa | rt of |
| | | | | | | ······································ | | |

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| | otor 1 Robert Oran Rice otor 2 Melissa Leigh Ric | | Case number (if known) | | | |
|------------|---|--|--|-------------------------------------|--|--|
| Par | t 3: Report About Any Bu | usinesses | You Own as a Sole Proprietor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | |
| | | ☐ Yes. | Name and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | |
| | it to this petition. | | Check the appropriate box to describe your business: | | | |
| | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | None of the above | | | |
| | | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> | deadline operation | filing under Chapter 11, the court must know whether you are a small business des. If you indicate that you are a small business debtor, you must attach your most rs, cash-flow statement, and federal income tax return or if any of these documents. C. 1116(1)(B). | ecent balance sheet, statement of | | |
| you deb | debtor? For a definition of small | ■ No. | I am not filing under Chapter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according Code. | to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the | definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | r Have An | Hazardous Property or Any Property That Needs Immediate Attention | | | |
| 14. | , | ■ No. | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | |
| | Do you own or have an property that poses or alleged to pose a threat of imminent and identifiable hazard to public health or safety? | | What is the hazard? | | | |
| | | | If immediate attention is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | |
| | · · | | Number, Street, City, State & Zip Code | | | |
| | | | | | | |

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Debtor 1 Robert Oran Rice, Jr. Debtor 2 Melissa Leigh Rice Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed this bankruptcy petition, and I received a counseling. certificate of completion. completion. The law requires that you receive a briefing about Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

choices. If you cannot do

so, you are not eligible to

file.

filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. this bankruptcy petition, and I received a certificate of

this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | otor 1 Robert Oran Rice otor 2 Melissa Leigh Ric | • | | | Case nu | umber (if known) | | | | |
|--|--|----------------------|---|---|---|---------------------------|--|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consuindividual primarily for a personal | | | e defined in 11 U.S.C. | § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | | | |
| | | | Yes. Go to line 17. | | | | | | | |
| | | 16b. | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain noney for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | | |
| | | 16c. | State the type of debts you owe the | hat are not consur | mer debts or bus | siness debts | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | Go to line 18. | | | | | | |
| Do you estimate that after any exempt property is excluded and | | Yes. | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | | |
| be available for distribution to unsecured creditors? | | | □ Yes | | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | □ 25,001- | | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001- | -100,000 nan100,000 | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,0 | 00 | □ More th | la11100,000 | | | |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | | □ \$500,00 | 00,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 | | | 000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 □ \$100,000,00 | 1 - \$100 million)1 - \$500 million | | 0,000,001 - \$50 billion nan \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | □ \$1,000,001 | - \$10 million | □ \$500,00 | 00,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | | | 0,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | | | 10,000,001 - \$50 billion han \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | | | |
| For | you | I have exa | amined this petition, and I declare | under penalty of p | perjury that the i | information provided i | s true and correct. | | | |
| | | | hosen to file under Chapter 7, I ar ates Code. I understand the relief | | | | | | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | nelp me fill out this | | | |
| | | I request i | relief in accordance with the chapt | ter of title 11, Unite | ed States Code, | , specified in this petit | ion. | | | |
| | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571. | | | | | | ud in connection with a 3 U.S.C. §§ 152, 1341, 1519, | | | |
| | | /s/ Robe | rt Oran Rice, Jr. | | /s/ Melissa L | | | | | |
| | | | Oran Rice, Jr. of Debtor 1 | | Melissa Leig Signature of D | | | | | |
| | | Executed | on August 1, 2018 MM / DD / YYYY | | Executed on | August 1, 2018 | | | | |
| | | | · - · · · · | | | | | | | |

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| Debtor 1 Debtor 2 Robert Oran Rice Melissa Leigh Rice | · | Case number (if known) | | | | |
|---|---|--|---|--|--|--|
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, under Chapter 7, 11, 12, or 13 of title 11, United State for which the person is eligible. I also certify that I ha and, in a case in which § 707(b)(4)(D) applies, certify | es Code, and have ove delivered to the | explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) | | | |
| an attorney, you do not need to file this page. | schedules filed with the petition is incorrect. | | | | | |
| ···- ···- | /s/ Daniel J. Guenther | Date | August 1, 2018 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Daniel J. Guenther 25715 | | | | | |
| | | | | | | |
| | Daniel J. Guenther Attorney at Law Firm name | | | | | |
| | P.O. Box 623 | | | | | |
| | 41620 Fenwick Street | | | | | |
| | Leonardtown, MD 20650 Number, Street, City, State & ZIP Code | | | | | |
| | | | | | | |
| | Contact phone (301) 475-3106 | Email address | guentherlaw01@hotmail.com | | | |
| | 25715 MD | | | | | |

Bar number & State

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| Fill | ill in this information to identify your case: | | | |
|------|--|-----------------------------|--------------|-------------------------------|
| Deb | ebtor 1 Robert Oran Rice, Jr. First Name Middle Name Last Name | | | |
| Del | First Name Middle Name Last Name ebtor 2 Melissa Leigh Rice | | | |
| (Spo | pouse if, filing) First Name Middle Name Last Name | | | |
| Uni | nited States Bankruptcy Court for the: DISTRICT OF MARYLAND | | | |
| | ase numberknown) | | _ | t if this is an ded filing |
| | | | | |
| | official Form 106Sum | | | |
| | ummary of Your Assets and Liabilities and Certain Statistic as complete and accurate as possible. If two married people are filing together, both are | | | 12/15 a correct |
| info | formation. Fill out all of your schedules first; then complete the information on this form. For original forms, you must fill out a new <i>Summary</i> and check the box at the top of this p | . If you are filing amende | | |
| Par | art 1: Summarize Your Assets | | | |
| | | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 270,221.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 75,297.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 345,518.00 |
| Par | art 2: Summarize Your Liabilities | | | |
| | | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of | f Part 1 of Schedule D | \$ | 464,697.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E | =/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedul | le E/F | \$ | 2,200.00 |
| | | Your total liabilities | \$ | 466,897.00 |
| Par | art 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 5,305.03 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 8,743.62 |
| Par | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this | form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 lines 8-9g for statistical purposes. | | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this pathe court with your other schedules. | art of the form. Check this | box and s | ubmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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| Debto | ² Melissa Leigh Rice | Case number (if known) | |
|-------------|--|--|--|
| | | | |
| 8. F | rom the Statement of Your Current Monthly Income: Co | ppy your total current monthly income from Official Form | |

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9,940.70

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Robert Oran Rice, Jr.

| From Bort 4 on Cohodula F/F convetto followings | Total clair | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | C | ase 18-2016 | 06 L | Joc 1 | Filed 08/01/18 F | age 10 o | T 42 | | |
|---|---|---|---|--|-----------------------------|--|-------------------------------------|--|---------|---|
| Fill | in this informat | ion to identify | your case and th | is filing | g: | | | | | |
| Deb | | Robert Oran | <u> </u> | Name | | Last Name | | | | |
| | | Melissa Leig First Name | | Name | | Last Name | | | | |
| Unit | ted States Bankr | uptcy Court for | the: DISTRICT | OF MA | RYLAND | | | | | |
| Cas | se number | | | | | | | | | Check if this is an amended filing |
| _ | ficial Form | | _ | | | | | | | 12/15 |
| think infor | it fits best. Be as mation. If more sp ver every question | s complete and a pace is needed, n. | accurate as possibl attach a separate sl | e. If two neet to t | married peo his form. On | If an asset fits in more than on the second of the top of any additional page. Own or Have an Interest In | are equally res | ponsible for su | ıpplyiı | ng correct |
| | No. Go to Part 2. | e property? | | | | | | | | |
| 1.1 16440 Triple Crown Ct. Street address, if available, or other description | | What | Single-fami | erty? Check all that apply ily home nulti-unit building um or cooperative | the amoun | nt of any secure | d clain | or exemptions. Put ms on <i>Schedule D:</i> cured by Property. | | |
| | Hughesville City | MD State | 20637-0000 ZIP Code | | | red or mobile home | entire pro | alue of the operty? | | rrent value of the tion you own? \$267,221.00 |
| | · | | | _ | has an inter | est in the property? Check one | Describe (such as a life esta | the nature of y fee simple, ten te), if known. | ancy l | wnership interest by the entireties, or |
| | Charles | | | | | | Tenants | s by Entiret | у | |
| | County | | | | Debtor 1 ar | nd Debtor 2 only e of the debtors and another | (see in | k if this is con | nmuni | ty property |
| | | | | | | n you wish to add about this ation number: | item, such as I | ocal | | |

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| Debtor 1 Debtor 2 | Robert Oran Rice, Jr. Melissa Leigh Rice | Case | e number (if known) | |
|----------------------|---|--|---|--|
| If you | • | Iist here: What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$3,000.00 | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$3,000.00 |
| Count | у | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | a life estate), if known. | ancy by the entireties, or |
| | | ☐ At least one of the debtors and another Other information you wish to add about this ite property identification number: | Check if this is com (see instructions) cm, such as local | |
| pages Part 2: De | s you have attached for Part 1. Writescribe Your Vehicles wn, lease, or have legal or equitable | bown for all of your entries from Part 1, including any te that number hereet that number hereet interest in any vehicles, whether they are registers or report it on Schedule G: Executory Contracts and University | ed or not? Include any ve | \$270,221.00 ehicles you own that |
| Cars, v □ No ■ Yes | rans, trucks, tractors, sport utility v | rehicles, motorcycles | | |
| Yea App | del: Optima ar: 2013 proximate mileage: 102000 | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? | ed claims on Schedule D: |
| Oth | er information: | ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | \$6,298.00 | \$6,298.00 |
| | del: Frontier | Who has an interest in the property? Check one ☐ Debtor 1 only | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | ed claims on Schedule D: |
| | ar: 2011 proximate mileage: 100000 ner information: | □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | Check if this is community property (see instructions) | \$11,674.00 | \$11,674.00 |

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| | btor 1 btor 2 | | obert Orar elissa Leig | , | | | Ca | se number (if known) | |
|----|-------------------|--------------|---------------------------|---|--------------------|--|---|-----------------------|---|
| | | | | | | | s, other vehicles, and nobiles, motorcycle ac | | |
| | □No | | | | | | | | |
| | Yes | | | | | | | | |
| 4. | 1 Mal | ke: | 5' X 8' Ut | ility Trailer | _ | n interest in the pro | operty? Check one | | ured claims or exemptions. Put secured claims on Schedule D: |
| | Mo | | | | Debtor | * | | Creditors Who Ha | ve Claims Secured by Property. |
| | Yea | ar: | | | Debtor | * | | Current value of | |
| | Oth | or info | ormation: | | | 1 and Debtor 2 only | | entire property? | portion you own? |
| _ | | iei iiiic | omation. | | ☐ Check | one of the debtors a if this is community tructions) | | \$200. | \$200.00 |
| | pages | you l | have attach | | rite that numbe | | Part 2, including an | | \$18,172.00 |
| Do | you o | wn o | r have any ∣ | legal or equitabl | e interest in any | of the following | items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | dajor appliai | 5 bedroom s | sets, living roo | | ning room, kitcher | n, Rec | \$2,600.00 |
| | □ No | oles: T | | and radios; audio, I phones, camera | | | nt; computers, printer | s, scanners; music c | ollections; electronic devices |
| | | | | lap top com | putor | | | | \$200.00 |
| | Examp ■ No □ Yes | oles: A | other collecti | d figurines; paintir ions, memorabilia | 0 / 1 / | er artwork; books, | pictures, or other art | objects; stamp, coin, | or baseball card collections; |
| | Examp ■ No | oles: S r | • | ographic, exercise | e, and other hobl | by equipment; bicy | cles, pool tables, golf | clubs, skis; canoes a | and kayaks; carpentry tools; |
| | □ No | nples: | Pistols, rifle | s, shotguns, amn | nunition, and rela | ated equipment | | | |
| | - res | . Des | cribe | | | | | | |
| | | | | 2 pistols, 5 s | shotguns | | | | \$800.00 |

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| Debtor 1 Debtor 2 | Robert Ora Melissa Lei | | Case number (if known) | |
|---------------------------|---------------------------------------|---|--------------------------------------|---|
| | | compound bow, hunting equipment | | \$500.00 |
| ☐ No | | clothes, furs, leather coats, designer wear, shoes, accesso | ries | |
| | | Personal clothing | | \$250.00 |
| | | personal clothing | | \$500.00 |
| □ No | | ewelry, costume jewelry, engagement rings, wedding rings | , heirloom jewelry, watches, gems, | gold, silver |
| | | rings, chains, costume jewelry | | \$1,300.00 |
| | | personal jewelry, ring, earings | | \$75.00 |
| Exam _i □ No | arm animals ples: Dogs, cats Describe | , birds, horses | | |
| | | 2 pet dogs | | \$0.00 |
| No Yes. | Give specific in | e of all of your entries from Part 3, including any entries number here | s for pages you have attached | \$6,225.00 |
| | | legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | | have in your wallet, in your home, in a safe deposit box, a | and on hand when you file your petit | ion |
| | | | Cash | \$100.00 |
| Exam _i □ No | | savings, or other financial accounts; certificates of deposit; . If you have multiple accounts with the same institution, list Institution name: | | houses, and other similar |

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| Debtor 1 Debtor 2 | | ran Rice, J ₋eigh Rice | r. | | Case number (if known) | |
|--------------------------|-----------------------------------|---------------------------|---|---|---|----------------------|
| | | 17.1. | Checking | SunTrust | | \$200.00 |
| | | 17.2. | Credit Union | T.E.F.C.U. | | \$600.00 |
| | | | sly traded stocks ent accounts with brok | cerage firms, money marke | et accounts | |
| ☐ Yes. | | | Institution or issuer na | ame: | | |
| | oublicly traded venture | d stock and | interests in incorpor | rated and unincorporated | d businesses, including an interest in an LL | .C, partnership, and |
| | . Give specific | | about them me of entity: | | % of ownership: | |
| Nego | tiable instrume | e <i>nt</i> s include p | personal checks, cash | iable and non-negotiable iers' checks, promissory n sfer to someone by signin | otes, and money orders. | |
| | . Give specific | | about them uer name: | | | |
| | ement or pens aples: Interests | | | 3(b), thrift savings accoun | ts, or other pension or profit-sharing plans | |
| ■ Yes | . List each acc | | ely. of account: | Institution name: | | |
| | | Pens | ion | Metro pension | | \$0.00 |
| | | 457 | | | | \$50,000.00 |
| Your | | used deposit | s you have made so t | | rice or use from a company water), telecommunications companies, or oth | ners |
| | | | | Institution name or ir | ndividual: | |
| 23. Annui ■ No | ities (A contra | ct for a perio | dic payment of money | to you, either for life or fo | r a number of years) | |
| | | Issuer nam | e and description. | | | |
| 26 U.S | | | n an account in a qua and 529(b)(1). | alified ABLE program, o | under a qualified state tuition program. | |
| ■ No □ Yes. | | Institution r | name and description. | Separately file the records | s of any interests.11 U.S.C. § 521(c): | |
| _ | s, equitable o | r future inte | rests in property (oth | ner than anything listed i | n line 1), and rights or powers exercisable t | for your benefit |
| ■ No □ Yes. | . Give specific | c information | about them | | | |
| | | | | I other intellectual prope s from royalties and licens | | |

Official Form 106A/B Schedule A/B: Property page 5

 \square Yes. Give specific information about them...

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| Debto Debto | | Robert Oran Rice, Jr. Melissa Leigh Rice | | Case number (if known) | |
|--------------------------------|----------------------|---|---|---|---|
| E | <i>xamp</i> No | es, franchises, and other of les: Building permits, exclusions of the specific information at | sive licenses, cooperative asso | ociation holdings, liquor licenses, professional licenses | |
| Mone | y or p | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | No | unds owed to you Give specific information ab | out them, including whether yo | ou already filed the returns and the tax years | |
| E | <i>xamp</i> No | support les: Past due or lump sum a | | support, maintenance, divorce settlement, property set | tlement |
| <i>E</i> | xamp No | | | ty benefits, sick pay, vacation pay, workers' compensat | ion, Social Security |
| 31. In <i>E</i> ■ | terest xamp No | s in insurance policies les: Health, disability, or life | insurance; health savings accomy of each policy and list its valuency name: | ount (HSA); credit, homeowner's, or renter's insurance lue. Beneficiary: | Surrender or refund |
| lf so ■ | you a omeor No | | ue you from someone who ha g trust, expect proceeds from a | as died life insurance policy, or are currently entitled to receive | value: property because |
| E | <i>xamp</i> No | | ther or not you have filed a la disputes, insurance claims, or | awsuit or made a demand for payment rights to sue | |
| | No | ontingent and unliquidate Describe each claim | ed claims of every nature, inc | cluding counterclaims of the debtor and rights to set | t off claims |
| | No | ancial assets you did not Give specific information | already list | | |
| | | | | ling any entries for pages you have attached | \$50,900.00 |
| Part 5 | Des | cribe Any Business-Related | Property You Own or Have an Int | terest In. List any real estate in Part 1. | |
| I N | lo. Go | wn or have any legal or equit to Part 6. o to line 38. | able interest in any business-rela | ated property? | |

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| Debt Debt | · · · · · · · · · · · · · · · · · · | | Case number (if known) | |
|--------------|---|---------------------------|------------------------------|--------------|
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | st In. | |
| 46. D | o you own or have any legal or equitable interest in any farn | n- or commercial fishir | ng-related property? | |
| ı | No. Go to Part 7. | | | |
| I | ☐ Yes. Go to line 47. | | | |
| | No you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Write the | st? | | \$0.00 |
| | | | | |
| | Part 1: Total real estate, line 2 | | | \$270,221.00 |
| | Part 2: Total vehicles, line 5 | \$18,172.00 | | |
| | Part 3: Total personal and household items, line 15 | \$6,225.00 | | |
| | Part 4: Total financial assets, line 36 | \$50,900.00 | | |
| | Part 5: Total business-related property, line 45 | \$0.00 | | |
| | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$75,297.00 | Copy personal property total | \$75,297.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$345,518.00 |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|----------------------|-----------|--|
| Debtor 1 | Robert Oran Rice | , Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Melissa Leigh Ric | ce | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF MARYLAND | | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemptio |
|--|--------------------------------------|---------------------------------------|---|---|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2011 Nissan Frontier 100000 miles Line from Schedule A/B: 3.2 | \$11,674.00 | | \$1,574.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(f)(1)(i)(1) |
| 2110 110111 007000010 7 1 2 1 2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 5' X 8' Utility Trailer Line from Schedule A/B: 4.1 | \$200.00 | | \$200.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| Line nom Schedule A.D. 4.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100. 3 11 30-(3)(3) |
| 5 bedroom sets, living room furniture, dining room, kitchen, Rec | \$2,600.00 | | \$2,000.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(4) |
| room furnishings Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 5 bedroom sets, living room furniture, dining room, kitchen, Rec | \$2,600.00 | | \$600.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| room furnishings Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100.311007(0)(0) |
| lap top computor Line from Schedule A/B: 7.1 | \$200.00 | | \$200.00 | Md. Code Ann., Cts. & Jud Proc. § 11-504(b)(5) |
| LINE HOLL SCHEUULE AVD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100. 8 11-304(0)(3) |

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| iption of the property and line on /B that lists this property | Current value of the | Amo | | | |
|---|--|--|--|--|--|
| | portion you own | | ount of the exemption you claim | Specific laws that allow exemption | |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| | \$800.00 | | \$800.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| | \$500.00 | | \$500.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| | | | 100% of fair market value, up to any applicable statutory limit | · · · · · · · · · · · · · · · · · · · | |
| _ | \$250.00 | | \$0.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| | \$500.00 | | \$500.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) | |
| osnedale / v.E. T TIE | | | 100% of fair market value, up to any applicable statutory limit | | |
| | \$1,300.00 | | \$1,300.00 | Md. Code Ann., Cts. & Ju Proc. § 11-504(b)(5) | |
| Schedule AVE. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 00-(0)(0) | |
| | \$75.00 | | \$75.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| 55/16dale 77 E. 1 2.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Schedule A/R: 16.1 | \$100.00 | | \$100.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| 33/10010 / 1/2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| • | \$200.00 | | \$200.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| Schedule A.B. IIII | | | 100% of fair market value, up to any applicable statutory limit | 1100.3 11 00-(0)(0) | |
| | \$600.00 | | \$600.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) | |
| Solitoria A.B. TTIE | _ | | 100% of fair market value, up to any applicable statutory limit | | |
| Schedule A/R: 21 2 | \$50,000.00 | - | \$50,000.00 | Md. Code Ann., Cts. & Jud. Proc. § 11-504(h) | |
| 33.133410 / 1/2 112 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | nd bow, hunting equipment Schedule A/B: 10.2 I clothing Schedule A/B: 11.1 clothing Schedule A/B: 11.2 ains, costume jewelry Schedule A/B: 12.1 jewelry, ring, earings Schedule A/B: 12.2 Schedule A/B: 17.1 g: SunTrust Schedule A/B: 17.1 nion: T.E.F.C.U. Schedule A/B: 17.2 Schedule A/B: 17.2 | ### ### ############################## | Schedule A/B: 10.1 Stool.00 Schedule A/B: 10.2 Stool.00 Schedule A/B: 11.1 Stool.00 Schedule A/B: 11.1 Stool.00 St | Schedule A/B: 10.1 Clothing Schedule A/B: 11.1 Standard S | |

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| Fill in this information to ide | entify your c | ase: | | | | |
|---|-----------------|---|-----------------------------|-------------------------------------|--|-----------------------------|
| Debtor 1 Robert C | Oran Rice, | Jr. Middle Name | Last Name | | | |
| | Leigh Rice | | Last Name | | | |
| United States Bankruptcy Cou | ırt for the: | DISTRICT OF MARY | /LAND | | | |
| Case number (if known) | | | | | _ | if this is an led filing |
| Official Form 106D | | | | | | |
| Schedule D: Cred | ditors V | Vho Have Cl | aims Secure | ed by Property | | 12/15 |
| Be as complete and accurate as is needed, copy the Additional Panumber (if known). | | | | | | |
| 1. Do any creditors have claims s | secured by yo | our property? | | | | |
| ☐ No. Check this box and | I submit this | form to the court with | your other schedules. | You have nothing else to r | report on this form. | |
| ■ Yes. Fill in all of the info | | | , | | | |
| | | ow. | | | | |
| Part 1: List All Secured C | laims | | | Column A | Column B | Column C |
| 2. List all secured claims. If a cre for each claim. If more than one co much as possible, list the claims in | reditor has a p | particular claim, list the ot | her creditors in Part 2. As | s Amount of claim Do not deduct the | Value of collateral that supports this claim | Unsecured portion |
| 2.1 Chrysler CapitaL | D | escribe the property the | at secures the claim: | \$0.00 | \$6,298.00 | \$0.00 |
| Creditor's Name | 2 | 013 Kia Optima 10 | 2000 miles | | | |
| P.O. Box 660647 Dallas, TX 75266-064 | a _r | s of the date you file, thoply. Contingent | e claim is: Check all that | | | |
| Number, Street, City, State & Zip | _ | Unliquidated | | | | |
| Who owes the debt? Check one | | Disputed lature of lien. Check all | that apply. | | | |
| ☐ Debtor 1 only | | An agreement you mad | de (such as mortgage or | secured | | |
| Debtor 2 only | | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | | Statutory lien (such as | tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and | | Judgment lien from a la | | | | |
| ☐ Check if this claim relates to community debt | а [| Other (including a right | to offset) | | | |
| Date debt was incurred | | Last 4 digits of ac | count number | | | |
| 2.2 Ford Credit | D | escribe the property the | at secures the claim: | \$10,100.00 | \$11,674.00 | \$0.00 |
| Creditor's Name | | 011 Nissan Fronti | | | Ψ11,01 1100 | |
| | | | | | | |
| P.O. Box 542000 Omaha, NE 68154 | ap | s of the date you file, thoply. | ne claim is: Check all that | | | |
| Number, Street, City, State & Zip | | Contingent Unliquidated | | | | |
| | | Disputed | | | | |
| Who owes the debt? Check one | _ | ature of lien. Check all | | | | |
| Debtor 1 only | | | de (such as mortgage or | secured | | |
| Debtor 2 only | г | car loan) | toy lion mashari-l- !: \ | | | |
| Debtor 1 and Debtor 2 only | _ | _ ` | tax lien, mechanic's lien) | | | |
| At least one of the debtors and | | Judgment lien from a la | | | | |
| ☐ Check if this claim relates to community debt | a L | Other (including a right | to offset) | | | |
| Date debt was incurred | | Last 4 digits of ac | count number | | | |

Official Form 106D

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| Debtor | 1 Robert Oran Rice, Jr. | | Case number (if know) | | |
|---|--|--|-----------------------|--------------|--------------|
| | First Name Middle N | ame Last Name | | | |
| Debtor | 2 Melissa Leigh Rice First Name Middle N | ame Last Name | | | |
| | First Name I Wilde N | ame Last Name | | | |
| 2.3 | Shellpoint Mortgage | | \$4E4 206 00 | \$267 224 00 | ¢192 095 00 |
| S | Servicing | Describe the property that secures the claim: | \$451,206.00 | \$267,221.00 | \$183,985.00 |
| C | reditor's Name | 16440 Triple Crown Ct. Hughesville, MD 20637 Charles County | | | |
| | P.O. Box 169063 Pallas, TX 75261-9063 | As of the date you file, the claim is: Check all that apply. | | | |
| _ | umber, Street, City, State & Zip Code | Contingent | | | |
| IN | umber, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who o | wes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| _ | tor 1 only tor 2 only | An agreement you made (such as mortgage or se car loan) | cured | | |
| _ | tor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | east one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | ck if this claim relates to a nmunity debt | Other (including a right to offset) | | | |
| Date de | ebt was incurred | Last 4 digits of account number | | | |
| <i> 1</i> 4 | Villiamsburg Plantation | Describe the property that secures the claim: | \$3,391.00 | \$3,000.00 | \$391.00 |
| | reditor's Name | Williamsburg Plantation Timeshares | | | |
| C | | 1 | | | |
| O. | | | | | |
| | 870 Long Hill Rd | As of the date you file, the claim is: Check all that | | | |
| 4 | 870 Long Hill Rd. Villiamsburg, VA 23188 | As of the date you file, the claim is: Check all that apply. | | | |
| 4 V | Villiamsburg, VA 23188 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| 4 V | | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | |
| 4 V N | Villiamsburg, VA 23188 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| 4 V N | Villiamsburg, VA 23188 umber, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | cured | | |
| 4 <u>V</u> N Who ov □ Debt | Villiamsburg, VA 23188 umber, Street, City, State & Zip Code wes the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. | cured | | |
| Who ov | Villiamsburg, VA 23188 umber, Street, City, State & Zip Code wes the debt? Check one. tor 1 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se | cured | | |
| 4 V N Who ov □ Debt □ Deb | wes the debt? Check one. tor 1 only tor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) | cured | | |
| 4 Who ov □ Debi □ Deb □ At le □ Che | wes the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) Statutory lien (such as tax lien, mechanic's lien) | cured | | |
| Who ov ☐ Debi ☐ Deb ☐ At le ☐ Che con | Williamsburg, VA 23188 umber, Street, City, State & Zip Code wes the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors and another ick if this claim relates to a | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | cured | | |
| Who ov ☐ Debi ☐ Deb ☐ At le ☐ Che con | wes the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors and another ck if this claim relates to a nmunity debt | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | cured | | |
| Who ov ☐ Debt ☐ Deb ☐ At le ☐ Che con Date de | Williamsburg, VA 23188 umber, Street, City, State & Zip Code wes the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors and another ck if this claim relates to a mmunity debt ebt was incurred | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number | | no l | |
| Who ov □ Debi □ Deb □ At le □ Che con Date de | Williamsburg, VA 23188 umber, Street, City, State & Zip Code wes the debt? Check one. tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors and another ck if this claim relates to a mmunity debt ebt was incurred he dollar value of your entries in C | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | \$464,697.0 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 1 | 8-20166 Doc 1 Filed 08/01/18 Page 21 of 42 | |
|--|---------------------------------------|---|---------------------------|
| Fill in this info | ormation to identify your ca | ise: | |
| Debtor 1 | Robert Oran Rice, | Jr. | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Melissa Leigh Rice | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States | Bankruptcy Court for the: | DISTRICT OF MARYLAND | |
| Case number | | | |
| (if known) | | | Check if this is an |
| | | a | mended filing |
| Official Fo | rm 106E/F | | |
| | | no Have Unsecured Claims | 12/15 |
| | | Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clai | |
| Schedule D: Cre left. Attach the C name and case | ditors Who Have Claims Secur | ed Leases (Official Form 106G). Do not include any creditors with partially secured claims ed by Property. If more space is needed, copy the Part you need, fill it out, number the en If you have no information to report in a Part, do not file that Part. On the top of any addit ecured Claims | tries in the boxes on the |
| | ditors have priority unsecured | | |
| ■ No. Go t | | | |
| ☐ Yes. | or art 2. | | |
| | : All of Your NONPRIORITY | Unsecured Claims | |
| | ditors have nonpriority unsecu | | |
| □ No. You | have nothing to report in this par | t. Submit this form to the court with your other schedules. | |
| Yes. | | | |
| unsecured of | claim, list the creditor separately f | ms in the alphabetical order of the creditor who holds each claim. If a creditor has more that or each claim. For each claim listed, identify what type of claim it is. Do not list claims already income the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | Total claim |
| | age Crossing | Last 4 digits of account number | \$1,200.00 |
| • | ority Creditor's Name Box 523 | When was the debt incurred? | |
| | esville, MD 20637 | | - |
| | r Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| _ | curred the debt? Check one. | ■ Contingent | |
| | otor 1 only | ■ Unliquidated | |
| | otor 2 only | | |
| | otor 1 and Debtor 2 only | ■ Disputed Type of NONPRIORITY unsecured claim: | |
| | east one of the debtors and anoth | ner Chudant lagna | |
| ☐ Che | eck if this claim is for a commu | unity ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | claim subject to offset? | report as priority claims | |
| □No | - | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ■ Yes | ; | ■ Other. Specify Alleged HOA fees | |

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| or 1 Robert Oran Rice, Jr. or 2 Melissa Leigh Rice | Case number (if know) | |
|--|---|------------|
| Wellssa Leigh Nice | | |
| T.E.F.C.U. | Last 4 digits of account number | \$1,000.00 |
| Nonpriority Creditor's Name | | |
| 2440 Market St, N.E. ste 901 | When was the debt incurred? | |
| Washington, DC 20018 | _ | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Damaged car, no longer inposession | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|------------|---|------------|------------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| Total | 6f. | Student loans | 6f. | \$ Total Claim 0.00 |
| claims from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 2,200.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 2,200.00 |

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| Fill in this infor | mation to identify your | | | | | | | | | |
|---|-------------------------|--------------------|-----------|--|--------------------------------------|--|--|--|--|--|
| Debtor 1 | Robert Oran Rice | e, Jr. | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 Melissa Leigh Rice | | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF MARYLA | ND | | | | | | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otate | Zii Oode | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

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| Fill in this ir | nformation to identify you | r case: | | | |
|---------------------------------|--|-------------------------------|--------------------------|-------------------------|---|
| Debtor 1 | Robert Oran Ric | e, Jr. | | | |
| Dalatano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Melissa Leigh R First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | DISTRICT OF MARYL | AND | | |
| Case numbe | ar. | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | | dobtoro | | | 4045 |
| scheat | ıle H: Your Co | aeptors | | | 12/15 |
| | nd case number (if known ou have any codebtors? (| , | | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have yo California, Idaho, Louisian | | | | states and territories include |
| ■ No. G | So to line 3. | | | | |
| ☐ Yes. I | Did your spouse, former sp | ouse, or legal equivalent liv | ve with you at the time? | | |
| | | | | | |
| in line 2 | l again as a codebtor only 06D), Schedule E/F (Offici | if that person is a guara | ntor or cosigner. Make | sure you have listed th | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| Co | olumn 1: Your codebtor | | | Column 2: The cre | ditor to whom you owe the debt |
| Na | me, Number, Street, City, State and | ZIP Code | | Check all schedule | es that apply: |
| 3.1 | | | | ☐ Schedule D, line | e |
| | ame | | | □ Schedule E/F, li | ine |
| | | | | ☐ Schedule G, line | e |
| | umber Street | | | _ | |
| Cit | ty | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | e |
| | ame | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | e |
| Nu | umber Street | | | | |
| Cit | ty | State | ZIP Code | | |

| Fill | in this information to identify | your case: | | | | | |
|--------|--|--|---|----------------|-----------------|--------------------------------------|-------------------------------|
| Del | otor 1 Rober | t Oran Rice, Jr. | | | | | |
| 1 | otor 2 Meliss | sa Leigh Rice | | | | | |
| Uni | ted States Bankruptcy Court | t for the: DISTRICT OF MARY | YLAND | | | | |
| Cas | se number | | | Che | ck if this is: | | |
| (If kr | nown) | | | | An amended | d filing | |
| | | | | | | nt showing pos is of the followir | tpetition chapter ng date: |
| 0 | fficial Form 106I | | | 1 | MM / DD/ Y | YYY | |
| S | chedule I: Your | Income | | | | | 12/15 |
| atta | | form. On the top of any addit | vith you, do not include informat tional pages, write your name an | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 | or non-filing s | spouse | |
| | If you have more than one | | ■ Employed | | ☐ Emplo | yed | |
| | attach a separate page wit information about additional | | ☐ Not employed | ☐ Not employed | | | |
| | employers. | Occupation | Mechanic | | | | |
| | Include part-time, seasona self-employed work. | al, or Employer's name | Metro | | | | |
| | Occupation may include st or homemaker, if it applies | | | | | | |
| | | How long employed | there? | | _ | | |
| Par | Give Details Abo | out Monthly Income | | | | | |
| | mate monthly income as our unless you are separated | | f you have nothing to report for any | line, writ | e \$0 in the | space. Include | your non-filing |
| | u or your non-filing spouse he space, attach a separate s | | combine the information for all emp | loyers foi | that persor | n on the lines bo | elow. If you need |
| | | | | For De | ebtor 1 | For Debtor 2 non-filing sp | |
| 2. | | es, salary, and commissions (lonthly, calculate what the month | | | 6,456.00 | \$ | 0.00 |

+\$

\$

3,484.70

9,940.70

0.00

0.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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| Debt Debt | | Robert Oran Rice, Jr. Melissa Leigh Rice | _ | Case | number (if known |) | | | |
|--------------|---------------|--|-----------------|-----------|------------------|--------|--------------------|----------------|------------------|
| | | | | Foi | Debtor 1 | | For Debtor | | |
| | Cop | y line 4 here | 4. | \$ | 9,940.70 | | 5 | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 2,629.4 | . 9 | ; | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$- | 0.00 | | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | _ : | | 0.00 | _ |
| | 5e. | Insurance | 5e. | \$ | 616.92 | _ | 3 | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 |) \$ | 3 | 0.00 | = |
| | 5g. | Union dues | 5g. | \$ | 63.0 | 5 \$ | 3 | 0.00 | _ |
| | 5h. | Other deductions. Specify: Retirement plans/ Health | 5h.⊣ | + \$ | 1,326.20 | + \$ | 3 | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 4,635.67 | 7 \$ | S | 0.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 5,305.03 | 3_ \$ | S | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0- | Φ. | | | | | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | \$_ \$ | 0.00 | _ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | t 8c. | \$_ | 0.00 |) \$ | 8 | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d. | \$_ | 0.00 | _ : | | 0.00 | _ |
| | 8e. | Social Security | 8e. | \$_ | 0.00 | _ \$ | | 0.00 | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g. | \$_ \$ | 0.00 | _ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h.⊣ | · - | 0.00 | _ ' | · | 0.00 | _ |
| | 011. | | | | 0.00 | _ ` _ | <u></u> | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 |) \$ | S | 0.0 | 0 |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | | 5,305.03 + | \$ | 0.00 | = \$ | 5,305.03 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | , |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r depen | | • | | in <i>Schedule</i> | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | \$ | 5,305.03 |
| 13 | Do : | you expect an increase or decrease within the year after you file this forn | 12 | | | | | Combi month | ned ly income |
| ٠٥. | | No. | •• | | | | | | |
| | | Yes. Explain: | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill i | in this information to identify you | ur case: | | | | |
|---------|---|---|---|--------------|--------------------|-------------------------------|
| Debt | | | | Chec | k if this is: | |
| Debt | | | _ | | An amended filing | ving postpetition chapt |
| | tor 2 Melissa Leigh | i Rice | | | 13 expenses as of | |
| Jnite | ed States Bankruptcy Court for the: | DISTRICT OF MARYLAND | | Ī | MM / DD / YYYY | |
| | e number nown) | | | | | |
|) Of | ficial Form 106J | | | | | |
| | hedule J: Your E | Expenses possible. If two married people a | | | | 1 |
| | Describe Your Housels this a joint case? | nold | s form. On the top of a | any additio | nal pages, write y | our name and case |
| | Yes. Does Debtor 2 live in | ı a separate household? | | | | |
| | ■ No □ Yes. Debtor 2 must | file Official Form 106J-2, <i>Expense</i> | es for Separate Househ | nold of Debt | or 2. | |
| | Do you have dependents? | □ No | | | | |
| | Do not list Debtor 1 and Debtor 2. | ■ Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 1 | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | Daughter | | 10 | ■ Yes |
| | | | Daughter | | 15 | □ No ■ Yes |
| | | | 0 | | 40 | □ No |
| | | | Son | | 19 | ■ Yes □ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other th yourself and your dependen | | | | | |
| Part | | | | | | |
| exp | | ur bankruptcy filing date unless ankruptcy is filed. If this is a sup | | | | |
| he ' | ude expenses paid for with n value of such assistance and icial Form 106I.) | on-cash government assistance I have included it on <i>Schedule I:</i> | if you know Your Income | | Your exp | enses |
| ١. | The rental or home ownersh payments and any rent for the | nip expenses for your residence. ground or lot. | Include first mortgage | 4. \$ | | 2,800.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, | , or renter's insurance | | 4b. \$ | | 210.00 |
| | 4c. Home maintenance, rep | pair, and upkeep expenses | | 4c. \$ | | 0.00 |

Additional mortgage payments for your residence, such as home equity loans

5. \$ __

0.00

| | tor 1 tor 2 | Robert Oran Rice, Jr. Melissa Leigh Rice | Case num | ber (if known | n) |
|-----|----------------|---|----------|---------------|----------------------------------|
| 6. | Utiliti | ies: | | | |
| 0. | 6a. | Electricity, heat, natural gas | 6a. | \$ | 321.80 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 95.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 290.00 |
| | 6d. | Other. Specify: Tv/Internet | 6d. | | 340.00 |
| 7. | Food | and housekeeping supplies | | \$ | 1,100.00 |
| 8. | | Icare and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | ning, laundry, and dry cleaning | 9. | | 300.00 |
| 10. | Perso | onal care products and services | 10. | | 0.00 |
| 11. | | cal and dental expenses | 11. | · | 550.00 |
| 12. | | sportation. Include gas, maintenance, bus or train fare. | | · —— | |
| | | ot include car payments. | 12. | \$ | 880.00 |
| 13. | Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 230.00 |
| 14. | Char | itable contributions and religious donations | 14. | \$ | 20.00 |
| 15. | Insur | rance. | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | | Life insurance | 15a. | · | 140.00 |
| | | Health insurance | 15b. | | 0.00 |
| | | Vehicle insurance | 15c. | · | 606.82 |
| | | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | Spec | • | 16. | \$ | 0.00 |
| 17. | | Ilment or lease payments: Car payments for Vehicle 1 | 170 | ¢ | 500.00 |
| | | • • | 17a. | | 580.00 |
| | | Car payments for Vehicle 2 | 17b. | | 280.00 |
| | | Other. Specify: | 17c. | · — | 0.00 |
| 4.0 | | Other. Specify: | 17d. | \$ | 0.00 |
| 18. | | payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | | 19. | · | 0.00 |
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on Sched | | our Income | 9. |
| | | Mortgages on other property | 20a. | | 0.00 |
| | 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | | r: Specify: | | +\$ | 0.00 |
| | Calc | ulate your monthly expenses Add lines 4 through 21. | | \$ | 8,743.62 |
| | | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ — | 0,1 70.02 |
| | | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 8,743.62 |
| 23. | | ulate your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,305.03 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 8,743.62 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | -3,438.59 |
| 24. | For ex | | | | ncrease or decrease because of a |
| | | <u> </u> | | | |

| Fill in this infor | mation to identify your | case: | | | |
|--|--------------------------|--------------------------|----------------------------|--------------------------|----------------------------|
| Debtor 1 | Robert Oran Rice | . Jr. | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Melissa Leigh Ric | ce | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF MARYLA | ND | | |
| Case number | | | | | |
| (if known) | | | | [| ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official For | m 106Doc | | | | |
| | | | Dalataria Cala | | |
| Declarat | tion About a | in individual | Deptor's Sch | eaules | 12/15 |
| , | , | 519, and 3571. | | | |
| First Name Middle Name Last Name Debtor 2 Spouse if, filing) Melissa Leigh Rice First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MARYLAND Case number if known) Check if this is an amended filing | | | | | |
| ■ No | | | | | |
| П Yes | Name of nerson | | | Attach Rankruntov | Petition Prenarer's Notice |
| ☐ 1es. | Traine or person | | | | |
| | | | | | , |
| | | that I have read the sum | mary and schedules filed w | ith this declaration and | |
| X /s/ Rol | bert Oran Rice, Jr. | | X /s/ Melissa Le | igh Rice | |
| | • | | Melissa Leigh | Rice | |
| Signatu | ire of Debtor 1 | | Signature of Deb | otor 2 | |
| Date | August 1, 2018 | | Date August | 1, 2018 | |

| Fill in | this inform | action to identify you | | | | |
|------------------|---------------------------|----------------------------------|--|---|---|---|
| | | nation to identify you | | | | |
| Debto | or 1 | Robert Oran Ric | e, Jr. Middle Name | Last Name | | |
| Debto | r 2 | Melissa Leigh R | ice | | | |
| (Spouse | e if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Ba | nkruptcy Court for the: | DISTRICT OF MARYLAN | ID | | |
| Case (if know | number _ | | | | | heck if this is an nended filing |
| Stat | ement | nd accurate as possi | | re filing together, both are | ankruptcy equally responsible for supp | |
| | er (if knowi | n). Answer every ques | stion. | | ,,,,,,,, | |
| | | current marital statu | rital Status and Where You s? | Lived Belore | | |
| ■ | Married Not mar | ried | | | | |
| 2. D | uring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No] Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> | |
| Γ | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No ■ Yes. Ma | ike sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| Fi | ill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | dar years? |
| | No No Fill | in the details. | | | | |
| | • res. riii | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | st calenda ary 1 to De | r year: cember 31, 2017) | ■ Wages, commissions, bonuses, tips | \$104,000.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| Debtor 1 Debtor 2 | | bert Oran R lissa Leigh | | | | | Cas | se number (if knowr | n) | |
|------------------------|---|--|---|--|--|--|---|-------------------------------------|--|---|
| | | | | | | | | | | |
| | | | | Debtor 1 | | | | Debtor 2 | | |
| | | | | Sources o Check all th | | Gross in (before of exclusion | deductions and | Sources of ir Check all that | | Gross income (before deductions and exclusions) |
| | For the calendar year before that: January 1 to December 31, 2016) | | | ■ Wages, bonuses, ti | commissions, ps | | \$90,000.00 | ☐ Wages, commissions, bonuses, tips | | \$0.00 |
| | | | | ☐ Operation | ng a business | | | ☐ Operating | a business | |
| Include and control | de inco other p ings. If | ome regardle public benefit you are filing | ss of wheth payments; g a joint cas | ner that incom pensions; rea se and you ha | ntal income; inter ave income that y | amples of <i>o</i> rest; divider you receive | ther income are a ds; money collect d together, list it | alimony; child sup | s; royalties; ar Debtor 1. | Security, unemployment, nd gambling and lottery |
| | No | | | | | | | | | |
| | Yes. F | Fill in the deta | ils. | | | | | | | |
| | | | | | | | | | | |
| | | | | | Debtor 1 Sources of income Describe below. Gross income from each source (before deductions and exclusions) | | | | Debtor 2 Sources of income Describe below. Gross (before and ex | |
| For last of (January | | lar year: December 31 | , 2017) | | | | \$0.00 | Side work | | \$2,000.00 |
| (January Part 3: | | December 31 Certain Payr | · · · | Made Befor | e You Filed for | Bankruptc | \$0.00 v | | | \$5,000.00 |
| S. Are e | either No. | Debtor 1's o Neither Deb | r Debtor 2 tor 1 nor D | 's debts prin Debtor 2 has | narily consume | r debts? umer debts | . Consumer deb | ts are defined in 1 | 11 U.S.C. § 10 | 01(8) as "incurred by an |
| | | _ ` | • | • | or bankruptcy, di | id you pay a | iny creditor a tota | al of \$6,425* or m | ore? | |
| | | _ | Go to line 7 | | | | | | | |
| | | ļ | paid that cr | editor. Do no payments to | t include paymer an attorney for th | nts for dome his bankrup | estic support obliques to case. | | child support | the total amount you and alimony. Also, do |
| • | Yes. | Debtor 1 or | Debtor 2 o | or both have | primarily consu | ımer debts | <u>.</u> | al of \$600 or more | · | |
| | | □ No. (| Go to line 7 | , | | | | | | |
| | | ■ Yes | List below on nclude pay | each creditor | mestic support ol | | | | | at creditor. Do not include payments to an |
| Cree | ditor's | Name and | Address | | Dates of payme | ent - | Γotal amount paid | Amount you still owe | Was this | payment for |
| P.O | FOMOCO P.O. Box 220564 Pittsburgh, PA 15257 | | | | \$580/month | | \$1,740.00 | \$0.00 | | Card Repayment ers or vendors |

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| Debtor 1 Debtor 2 | Robert Oran Rice, Jr. Melissa Leigh Rice | | Cas | e number (if known) | | |
|-----------------------------------|---|--|---|--|--|--|
| Cred | ditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payr | nent for |
| P.O | ysler CapitaL . Box 660647 las, TX 75266-0647 | \$280/mo | \$840.00 | \$0.00 | ☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repay ☐ Suppliers of | ment |
| T.E. | F.C.U. | \$220/mo | \$660.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ■ Loan Repay ☐ Suppliers of ☐ Other | ment |
| Inside of wh a bus alimo | in 1 year before you filed for bankru ers include your relatives; any general ich you are an officer, director, person iness you operate as a sole proprietor ny. | partners; relatives of any ge in control, or owner of 20% | neral partners; partne or more of their voting | erships of which yo g securities; and a | ou are a general p ny managing age | eartner; corporation nt, including one fo |
| | Yes. List all payments to an insider. der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | is payment |
| insid Includ | in 1 year before you filed for bankruer? er? de payments on debts guaranteed or c | | yments or transfer a | ny property on a | ccount of a deb | t that benefited an |
| | Yes. List all payments to an insider der's Name and Address | Dates of payment | Total amount | Amount you | Reason for th | |
| Part 4: | Identify Legal Actions, Repossess | ions, and Foreclosures | paid | still owe | Include credito | rs name |
|). With i List a | in 1 year before you filed for bankru Il such matters, including personal inju fications, and contract disputes. | ptcy, were you a party in a | | | | |
| _ | No Yes. Fill in the details. | | | | | |
| | e title e number | Nature of the case | Court or agency | | Status of the | case |
| She Rice | llpoint Mortgage Servicing v e | foreclosure | Circuit Court C County | harles | ■ Pending □ On appeal □ Concluded | |
| Chec | in 1 year before you filed for bankruk all that apply and fill in the details be | | perty repossessed, f | oreclosed, garnis | shed, attached, s | seized, or levied? |
| _ | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| Cred | ditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | ed | | | |

Official Form 107

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| | otor 1 otor 2 | Robert Oran Rice, Jr. Melissa Leigh Rice | | Case | e number (i | f known) | | | |
|-----|------------------|--|---------|--|-------------|-----------------------------------|-------------------|--|--|
| 11. | | | | did any creditor, including a bank or fin | ancial inst | itution, set off any a | amounts from your | | |
| | _ | accounts or refuse to make a payment because you owed a debt? | | | | | | | |
| | _ | No | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | Cred | ditor Name and Address | De | escribe the action the creditor took | | Date action was taken | Amount | | |
| 12. | | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | |
| | _ | No | | | | | | | |
| | | Yes | | | | | | | |
| Pai | rt 5: | List Certain Gifts and Contribution | s | | | | | | |
| 13. | Withi | in 2 years before you filed for bankr | uptcy, | did you give any gifts with a total value o | of more th | an \$600 per person | ? | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details for each gift. | | | | | | | |
| | | s with a total value of more than \$60 person | 0 | Describe the gifts | | Dates you gave the gifts | Value | | |
| | | son to Whom You Gave the Gift and ress: | | | | | | | |
| 14. | _ | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No | | | | | | | |
| | | ☐ Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | more Chai | s or contributions to charities that tethan \$600 rity's Name ress (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value | | |
| Par | rt 6: | List Certain Losses | | | | | | | |
| 15. | | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | |
| | | No | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | |
| | | cribe the property you lost and | Descr | ibe any insurance coverage for the loss | | Date of your | Value of property | | |
| | | the loss occurred | Include | e the amount that insurance has paid. List pance claims on line 33 of Schedule A/B: Pro | pending | loss | lost | | |
| Par | rt 7: | List Certain Payments or Transfers | 5 | | | | | | |
| 16. | Includ | ulted about seeking bankruptcy or | prepari | id you or anyone else acting on your beling a bankruptcy petition? rs, or credit counseling agencies for service | | | rty to anyone you | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | | | Description of the second | | D-1 | A | | |
| | Add | son Who Was Paid ress ail or website address son Who Made the Payment, if Not Y | 'ou | Description and value of any property transferred | , | Date payment or transfer was made | Amount of payment | | |
| | Dan 416 | niel J. Guenther 20 Fenwick Street onardtown, MD 20650 | | | | | \$2,250.00 | | |

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| | tor 1 Robert Oran Rice, Jr. tor 2 Melissa Leigh Rice | | (| Case number (| if known) | | | |
|-----|--|---|--|------------------|--|---------------------------------|--|--|
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or not include any payment or transfer that you list | or to make payments | | | r transfer any proper | ty to anyone who | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and va transferred | lue of any prop | erty | Date payment or transfer was made | Amount of payment | | |
| | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already line No | iness or financial affai e as security (such as th | rs? | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | nny property or received or debts change | Date transfer was made | | |
| | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No □ Yes. Fill in the details. | | property to a s | self-settled tru | st or similar device o | of which you are a | | |
| | Name of trust | Description and va | lue of the prop | erty transferre | ed | Date Transfer was made | | |
| Par | 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit I | Boxes, and Sto | rage Units | | | | |
| | | other financial account tions, and other financ ast 4 digits of | s; certificates on the contract of the contrac | of deposit; sh | ares in banks, credit | unions, brokerage Last balance | | |
| | Address (Number, Street, City, State and ZIP Code) | ccount number | instrument | mo | sed, sold, ved, or nsferred | before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Str State and ZIP Code) | | Describe the o | contents | Do you still have it? | | |
| | SunTrust | | | Children's s | avings bonds | □ No ■ Yes | | |
| 22. | Have you stored property in a storage unit or p | olace other than your h | nome within 1 y | ear before yo | u filed for bankruptc | y? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or ha to it? Address (Number, Str State and ZIP Code) | | Describe the o | contents | Do you still have it? | | |

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| | otor 1 otor 2 | Robert Oran Rice, Jr. Melissa Leigh Rice | | Ca | ase number (if known) | | | |
|----------|---|---|---|--------|------------------------------------|-----------------------|--|--|
| Pa | rt 9: | Identify Property You Hold or Control for | Someone Else | | | | | |
| 23. | • | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust or someone. | | | | | | |
| | | | | | | | | |
| | _ | ner's Name dress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | escribe the property | Value | | |
| Pa | rt 10: | Give Details About Environmental Inform | ation | | | | | |
| For | the p | urpose of Part 10, the following definitions | apply: | | | | | |
| - | toxi | ironmental law means any federal, state, or c substances, wastes, or material into the a llations controlling the cleanup of these su | ir, land, soil, surface water, groun | _ | • • | | | |
| | | means any location, facility, or property as wn, operate, or utilize it, including disposal | • | law | , whether you now own, operate, | or utilize it or used | | |
| | | ardous material means anything an environ ardous material, pollutant, contaminant, or | | s wa | aste, hazardous substance, toxic | substance, | | |
| Rep | ort al | I notices, releases, and proceedings that y | ou know about, regardless of whe | n th | ey occurred. | | | |
| 24. | Has | any governmental unit notified you that yo | u may be liable or potentially liable | un | der or in violation of an environm | ental law? | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | | |
| 25. | Have | e you notified any governmental unit of any | release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | |
| Pa | t 11: | Give Details About Your Business or Con | nnections to Any Business | | | | | |
| 27. | With | in 4 years before you filed for bankruptcy, | did you own a business or have ar | ny o | f the following connections to any | y business? | | |
| | | $\hfill \square$ A sole proprietor or self-employed in a | trade, profession, or other activity | , eitl | her full-time or part-time | | | |
| | | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | nip (| LLP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | | lacksquare An officer, director, or managing execu | tive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

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| | btor 1 Robert Oran Rice, Jr. Melissa Leigh Rice | Cas | se number (if known) | | | | | |
|-------------------|--|---|---|--|--|--|--|--|
| | ■ No. None of the above applies. Go to □ Yes. Check all that apply above and fi | Part 12. Il in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | _ | | | | | | |
| | Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| ha are with | | a false statement, concealing property, or ol | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. | | | | | |
| Ro | Robert Oran Rice, Jr. bbert Oran Rice, Jr. gnature of Debtor 1 | /s/ Melissa Leigh Rice Melissa Leigh Rice Signature of Debtor 2 | | | | | | |
| Da | te August 1, 2018 | Date August 1, 2018 | | | | | | |
| - 1 | you attach additional pages to <i>Your Statem</i> No Yes | nent of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)? | | | | | |
| 1 | · · · · | | | | | | | |
| □ \ | Yes. Name of Person Attach the Bankri | uptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119). | | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Maryland

| In re | Robert Oran Rice, Jr. Melissa Leigh Rice | | Case No. | |
|--------|---|---|----------|---------------------|
| | | Debtor(s) | Chapter | 7 |
| Γhe ab | | FICATION OF CREDITOR M | | of their knowledge. |
| Date: | August 1, 2018 | /s/ Robert Oran Rice, Jr. Robert Oran Rice, Jr. Signature of Debtor | | |
| Date: | August 1, 2018 | /s/ Melissa Leigh Rice Melissa Leigh Rice | | |

Signature of Debtor

Carriage Crossing P.O. Box 523 Hughesville, MD 20637

Chrysler CapitaL P.O. Box 660647 Dallas, TX 75266-0647

Ford Credit P.O. Box 542000 Omaha, NE 68154

Shellpoint Mortgage Servicing P.O. Box 169063 Dallas, TX 75261-9063

T.E.F.C.U. 2440 Market St, N.E. ste 901 Washington, DC 20018

Williamsburg Plantation REsort 4870 Long Hill Rd. Williamsburg, VA 23188